

***United States Court of Appeals
for the Second Circuit***



APPENDIX

MEDICAL REPORT OF DUTY STATUS

NAME: Tetmishky, Louis HOSPITAL REGISTRATION NO. 11500 118479
ADDRESS: 310

INPATIENT	INCLUSIVE DATES OF TREATMENT		Through:	TIME DEPARTED
	From:	DATE	TIME ARRIVED	DATE
OUTPATIENT	Can resume usual occupation	DATE	AM/PM	DATE
DISPOSITION	To return to clinic	DATE	Can perform limited duties as specified under REMARKS	DATE
	Other (Specify)		To be hospitalized	

REMARKS

Not fit for duty x 6 weeks.
(L) GROIN PAIN

NAME AND LOCATION OF HOSPITAL OR CLINIC
USPHS Hospital
Staten Island, New York 10304

SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN
[Signature] DATE 6-6-77

PLEASE PRINT (Last name) (First name) (Initial)

Tetmishky, Louis

DATE 6/6/77

NURSING UNIT OR CLINIC

AGE IF CHILD

- ☒ OUTPATIENT
☐ INPATIENT
☐ INPATIENT (Discharge)
☐ INPATIENT (Pass)

GPO 1976 O-200-880

PRESCRIPTION BLANK
DEPT. OF HEALTH EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE

NO. OF DAYS MEDICATION IS TO BE USED

R GIVE FULL DIRECTIONS FOR USE

Danron 65mg po q4h

#100

SOURCE
LOT NO.
EXPIR. DATE
FILLED BY
CHECKED BY

(Signature of prescriber)

(Prescriber's DEA or Service No.)

R NO (For pharmacy use)

MEDICATION AND STRENGTH WILL BE IDENTIFIED ON PRESCRIPTION LABEL UNLESS CHECKED HERE ☐
AUTHORIZATION IS GIVEN FOR DISPENSING BY NON-PROPRIETARY NAME UNLESS CHECKED HERE ☐

NOTE TO PHARMACIST
Controlled Substance RX
May be filled only at
Uniformed Service Facility

PAGINATION AS IN ORIGINAL COPY

MEDICAL REPORT OF DUTY STATUS

NAME		LOUIS TEPLITSKY		HOSPITAL REGISTRATION NO.		118479	
ADDRESS		TEPLITSKY LOUIS					
INCLUSIVE DATES OF TREATMENT							
From:		Through:		TIME ARRIVED		TIME DEPARTED	
DATE		DATE		AM / PM		AM / PM	
7/18/77							
Can resume usual occupation		Can perform limited duties as specified under REMARKS		DATE		DATE	
To return to clinic		To be hospitalized		DATE		DATE	
6 wks w/c							
Other (Specify)		SURGERY CLINIC					

REMARKS

6 weeks.
Complaint: Persistent left groin pain

NAME AND LOCATION OF HOSPITAL OR CLINIC		SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN		DATE	
USPHS Hospital Staten Island, New York 10304				7/18/77	

PLEASE PRINT (Last name) (First name) (Initial)

LOUIS TEPLITSKY

DATE 7/18/77

NURSING UNIT OR CLINIC

AGE IF CHILD

☒ OUTPATIENT
☐ INPATIENT
☐ INPATIENT (Discharge)
☐ INPATIENT (Pass)

GPO: 1976 O-200-840

NO. OF DAYS MEDICATION IS TO BE USED

R GIVE FULL DIRECTIONS FOR USE

Baron 65mg cph #100
q. 5 cph po 5-8

SOURCE	
LOT NO	
EXPIR DATE	
FILLED BY	
CHECKED BY	

(Signature of prescriber)

(Prescriber's DEA or Service No.)

R NO

(For pharmacy use)

MEDICATION AND STRENGTH WILL BE IDENTIFIED ON PRESCRIPTION LABEL UNLESS CHECKED HERE ☐
AUTHORIZATION IS GIVEN FOR DISPENSING BY NON PROPRIETARY NAME UNLESS CHECKED HERE ☐

PRESCRIPTION BLANK
DEPT OF HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE

HSA-17-1
1-75

NOTE TO PHARMACIST
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